

# APPLICATION TO THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

## RENTAL REHABILITATION & BUY IN YOUR NEIGHBORHOOD (BIYN) PROGRAMS

### MAIL APPLICATION TO:

Neighborhood Improvement Development Corporation (NIDC) Room 104  
Department of City Development  
809 North Broadway, Milwaukee, Wisconsin 53202

***Please complete both pages of the application.***

- ✓ Copy of your most recent Federal 1040 or a personal financial statement
- ✓ Proof of matching funds (copy of checking / savings statement, loan commitment letter, etc.)
- ✓ \$200 per unit application fee. Make check payable to: *City of Milwaukee*
- ✓ Copy of the accepted offer to purchase
- ✓ A color or black & white photo of the front of the home (from MLS listing sheet or other)
- ✓ **BIYN:** A copy of the accepted offer to purchase
- ✓ **BIYN:** a completed and signed "Compliance with Tenants' Rights During Foreclosure" certification form

Please help us in our outreach efforts by letting us know how you heard about the program. If you could be specific in your response, it would be appreciated.

	Check		Check	Name/Station
City Website		Newspaper		
Friend		Radio		
Family Member		TV		
Realtor		<b>Other/comments:</b>		
Lender				
Employer				
Flyer				

### APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Social Security no. \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Applicant's address \_\_\_\_\_ Zip \_\_\_\_\_ No. of years \_\_\_\_\_  
 Co-applicant's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Social Security no. \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Co-applicant's address \_\_\_\_\_ Zip \_\_\_\_\_ No. of Years \_\_\_\_\_  
 Are You (check one)      Married      Divorced      Separated      Single      Widowed

### FORECLOSED PROPERTY TO BE PURCHASED AND REHABILITATED

Address of the property \_\_\_\_\_  
 Number of units \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Anticipated closing date \_\_\_\_\_  
 Ownership will be in name of \_\_\_\_\_  
 Estimated monthly payment (principal and interest) \$ \_\_\_\_\_ Estimated monthly taxes and insurance \$ \_\_\_\_\_  
 Lender \_\_\_\_\_  
 Lender contact name \_\_\_\_\_ Lender phone \_\_\_\_\_  
 Lender e-mail address \_\_\_\_\_



**GROSS INCOME OF APPLICANT**

Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ How long \_\_\_\_\_  
 Annual salary \$ \_\_\_\_\_ Or monthly salary \$ \_\_\_\_\_ Work phone \_\_\_\_\_  
 Previous employer \_\_\_\_\_ How long \_\_\_\_\_  
 Other income \$ \_\_\_\_\_ per month Source \_\_\_\_\_

**GROSS INCOME OF CO-APPLICANT**

Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ How long \_\_\_\_\_  
 Annual salary \$ \_\_\_\_\_ Or monthly salary \$ \_\_\_\_\_ Work phone \_\_\_\_\_  
 Previous employer \_\_\_\_\_ How long \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ per month Source \_\_\_\_\_

**UNIT #1**

Proposed Rent \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
**Utilities included in Rent:** Space Heating Hot Water  
 Electricity Water Sewer Stove Refrigerator

**UNIT #2**

Proposed Rent \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
**Utilities included in Rent:** Space Heating Hot Water  
 Electricity Water Sewer Stove Refrigerator

**Yes No**

Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?  
 Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?  
 Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?  
 If you have answered "yes" to any of these questions, please explain in the space below:

I certify that the information provided herein is true and complete. I authorize the Dept of City Development (DCD), and the Neighborhood Improvement Development Corporation (NIDC) to review this application, to request, receive, and share information with lenders and others to verify its accuracy and completeness and to refer information to WE Energies or other energy conservation programs. I understand that my rental rehabilitation project is funded with federal funds administered through the Community Development Grant Administration office (CDGA) and CDGA may review this information to verify its accuracy for compliance purposes. All owners must sign this application. I have not evicted a tenant from this property within the last 90 days in order to submit this application. I (we) am (are) not debarred by the US Department of Housing and Urban Development, do not have a history of City of Milwaukee (City) housing code violations or delinquent property taxes, have not had a property acquired by the City through tax foreclosure within the previous 5 years, do not have an outstanding judgment from the City, and have not been convicted of a crime that could cause concern for neighborhood stability, health, safety, or welfare.

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information \_\_\_\_\_ (Initials) Co-applicant: I do not wish to furnish this information \_\_\_\_\_ (Initials)

APPLICANT		CO-APPLICANT	
<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African-American & white	<input type="checkbox"/>	Black/African-American & white
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaska Native & white	<input type="checkbox"/>	American Indian/Alaska Native & white
<input type="checkbox"/>	American Indian/Alaska Native & Black/African-American	<input type="checkbox"/>	American Indian/Alaska Native & Black/African-American
<input type="checkbox"/>	Asian & white	<input type="checkbox"/>	Asian & white
<input type="checkbox"/>	Other/ multi-racial	<input type="checkbox"/>	Other/ multi-racial

